

Indiana Grain Indemnity Corporation

ISTA Center - Suite 416
150 West Market Street
Indianapolis, IN 46204-2810

GRAIN PRODUCER PREMIUM REFUND REQUEST

I am hereby requesting reimbursement of the two-tenths percent (.002) producer premium withheld from payment for grain which I sold. This request must be delivered or sent by first class mail to the Indiana Grain Indemnity Board **not more than twelve (12) months after the premium was collected**. Refunds will be processed no later than 30 days after receipt of a completed form.

(PLEASE PRINT CLEARLY)

Producer's Name (Payee on settlement): _____

Producer's Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Telephone Number (including Area Code): _____

Social Security Number or Federal I.D. Number: _____

(A social security or federal identification number must be supplied under IRC 6109 for the purpose of filing IRS form 1099.)

Date(s) Premium was collected	Purchaser (Elevator or Company collecting Premium). <i>List each separately, Use reverse side if more space is needed.</i>	Amount Withheld
	Name: _____ Branch: _____ City: _____ County: _____	\$
	Name: _____ Branch: _____ City: _____ County: _____	\$
Total From Reverse Side		\$
TOTAL REFUND REQUESTED		\$

I am enclosing a copy of the settlement sheet(s) or other documentation showing: *the amount of GRAIN SOLD; and that the two-tenths percent (.002) was withheld.*

I certify, under penalties by law that the producer requesting this refund paid the premium for which a **refund** is sought, the information in this request is not false or fraudulent and a request has not been previously submitted, nor a refund received, on the grain to which this refund refers.

Have you: ➤ **Completed this form?**
 ➤ **Attached copies of settlement sheet(s) or other documentation?**
 ➤ **Is Power of Attorney on file for a landlord?** ☐ **on file** ☐ **attached**

Producer's Signature: _____ Date: _____

A producer that requests and receives a Premium Refund forgoes protection or compensation from the Grain Indemnity Program, on any and all grain. Re-entry information will be mailed with refund checks. This form may be reproduced as needed.

Date(s) Premium was collected	Purchaser (Elevator or Company collecting Premium). <i>List each separately, Use reverse side if more space is needed.</i>	Amount Withheld
	Name: _____ Branch: _____ City: _____ County: _____	\$
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	Name: _____ Branch: _____ City: _____ County: _____	\$
	Name: _____ Branch: _____ City: _____ County: _____	\$
TOTAL OF THIS PAGE <i>Enter Total on the front side of form</i>		\$